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ABSTRACT

Recent studies have demonstrated an alcohol/drug problem in rural areas of the United States and important differences between rural and urban drug users. This study examined the extent to which drug abuse is perceived as a problem in rural and urban secondary schools, whether school counselors are in need of more drug abuse prevention and intervention training, and differences between rural and urban secondary schools in drug abuse patterns and training needs. A survey assessing demographic information and drug abuse patterns and training needs was completed by 343 high school counselors in a midwestern state with a large rural population. Most respondents reported that drug abuse was a problem in their schools; 76% of counselors in small/rural schools and 96% of counselors in urban schools reported that drug abuse was a problem. Drug abuse was perceived as a greater problem in urban than in rural schools. There were no significant differences between rural and urban counselors in their perceived knowledge about drug abuse prevention; 34% of rural counselors and 40% of urban counselors agreed that they had adequate knowledge about drug abuse prevention techniques. There were significant differences between rural and urban counselors concerning knowledge of drug abuse intervention techniques, with 28% of rural counselors and 40% of urban counselors agreeing that they had adequate knowledge of drug abuse intervention techniques. (Twenty-seven references are listed.) (NB)

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ALCOHOL AND DRUG ABUSE:

A NEEDS ASSESSMENT OF RURAL COUNSELORS

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Drug abuse in the nation's schools constitutes a major academic and social problem. A recent survey of high school seniors, for example, revealed that 61% had tried drugs, 41% in the previous year, and 26% in the previous month (Johnston, Lloyd, Bachman, & O'Malley, 1986). Particularly alarming is the fact that 57% of the teenagers contacted via a cocaine hotline had purchased most of their drugs at school (Washton & Gold, in press). In addition, among high school seniors one-third of marijuana users had smoked at school and that two-thirds of amphetamine users had used drugs at school (Johnston, O'Malley, Bachman, 1986).

The pervasiveness of such drug use and abuse is of concern to educators and counselors because it often leads to impaired driving performance, aggression, violence, disturbed interpersonal relationships, destruction of property, and impaired job or school performance (Friedman, 1985; Johnston, O'Malley, & Bachman, 1986; Niven, 1982). More specifically, teenage drug abusers have a greater chance of (a) not learning many of the social and emotional skills necessary for a healthy and safe lifestyle, (b) engaging in truancy, petty theft, and property damage, and (c) causing an accident or injury to self or others (Johnston et al., 1986).

The likelihood of these events occurring among drug abusing youths may presumably be enhanced if professionals are not adequately trained in drug abuse prevention and intervention techniques.

The schools are the logical place to deliver drug prevention and intervention because they have a formative influence on children through the direct, ongoing contact of children with educational personnel (Blum, Blum & Garfield, 1976; Buckalew & Daly, 1986; Richmond & Peeples, 1984; Spoth & Rosenthal, 1980). Swisher (1979) supports drug education in the

schools and further indicates that the effort should be integrated into ongoing activities. Similarly, educators have recognized the need for an emphasis on drug prevention in the schools (Vissing, 1978). The literature is divided on who should deliver education/prevention programs on alcohol and other drugs. Some writers have indicated that education personnel, most frequently teachers because of their primary position in the child's life, are the individuals to provide programs on these substances (Eck, 1982; McCarthy & Douglas, 1949; Unterberger & DiCicco, 1968; and Weir, 1969).

By contrast, counselors have been identified as the most appropriate school-based professionals to deliver education/prevention programs (Buckalew & Daly, 1986; Lee, 1976; Girdano & Dusek, 1980; Oetting & Beauvais, 1986; and Warner, 1973). During the past 15 years, counselor training courses have been developed and implemented by the National Drug Abuse Center, the National Center for Alcohol Education, the National Institute on Drug Abuse (NIDA), and various state agencies. In addition, over 1200 academic institutions have participated in the American Council on Education's approved credit programs (Systems Management Corporation, 1982). In spite of these efforts, student alcohol and drug abuse continues to be on the increase, as evidenced from a 1986 survey of high school seniors sponsored by NIDA. Their findings revealed that 58% of America's high school seniors had used drugs; 39% had used marijuana during the previous year; 23% had used it at least once in the past month; and 13% had used cocaine in the past year, which is more than twice that in 1975.

These kinds of statistics are certainly alarming, but they may be more useful if they are conveyed along with relevant information and skills for drug abuse prevention and intervention. Such information and

skills must be packaged in ways that are responsive to the unique needs of the population to be served. There is evidence to suggest, for example, that drug abuse is not a unitary phenomenon and that patterns vary among communities (Kendel, Single, & Kessler, 1976).

For example, although the cities have often been portrayed as the "drug havens," are the rural communities immune to drug problems? Recent studies have demonstrated that there is indeed an alcohol/drug problem in rural America (Sarvela & McClendon, 1987). Eighth graders in small isolated communities, for example, are more likely to use alcohol than are suburban 8th graders, and 12th graders in small rural communities are more likely to be heavy alcohol users than are suburban 12th graders (Swaim, Beauvais, Edwards & Oetting, 1986). Kirk's (1979) study of rural Vermont provided information that indicated by age eighteen 100 percent of those sampled had consumed beer at least ten times, and 75 percent had used beer as early as age thirteen. The reasons most frequently cited for this abuse were peer pressure, curiosity, the thrill, and relief from stress. Similar to the results of Kirk were those of Napier, Carter and Pratt (1981) who found that in rural Ohio alcohol was used by over 75 percent of the adolescents sampled and over 50 percent had used marijuana. Studies by NIDA (1977, 1978) also reveal that rural drug abuse treatment clients tend to be younger and less educated (which may be related to age) than suburban clients, and that they are less likely to be minority students. Clearly, then, there are important differences between rural and urban drug users. In view of these findings, there is a need to closely examine how educators view drug use patterns in rural schools and to implement prevention/intervention training responsive to their unique needs.

The purpose of the current study was to examine the extent to which (a) drug abuse is perceived as a problem in rural and urban secondary schools, (b) school counselors are in need of drug abuse prevention and intervention training, and (c) there are differences between rural and urban secondary schools in drug abuse patterns and training needs.

Method

A survey was constructed that contained categorical items for assessing demographic information and Likert-type items for assessing drug abuse patterns and training needs. The Likert-type items were based on a 1 to 5 scale, ranging from strongly disagree (1) to strongly agree (5). The survey was mailed to 612 secondary and post secondary school counselors in a midwestern state with a large rural based population. A total of 399 usable surveys were returned for a 65% return rate.

Results

Demographic information revealed that the majority of the respondents (86%) were employed in high schools, with 9% being employed in community colleges and 5% in vocational-technical schools. Since the researchers were only interested in drug abuse patterns and training needs in secondary schools, the sample size was reduced to 343 high school counselors. As a check on the representativeness of this sample, it was noted that 76% of the counselors were employed in schools with enrollments of less than 1,000. This corresponds to an actual population figure of 80%.

With regard to the extent of drug abuse, 80% of all respondents agreed that it was a problem in their schools ($\underline{M}$ = 3.98). Furthermore, 76% of those employed in small/rural schools (enrollments of less than 500) as compared to 96% of those in urban schools (enrollments greater than 500) reported that drug abuse was a problem. A t-test performed on

the mean response scores for the Likert-type item revealed that drug abuse was perceived as a greater problem in urban (M=4.22) than in rural (M=3.82) schools, t (337) = 17.72, $p < .001$.

With regard to the need for drug abuse prevention training, 36% of all respondents agreed with the statement "I have adequate knowledge about drug abuse prevention techniques." Among small/rural school counselors, 34% agreed with the statement as compared to 40% of urban counselors. A t-test on the mean scores of this item revealed no significant differences between rural and urban school counselors, t (340) = 2.62, $p > .05$.

Finally, respondents were asked the extent to which they agreed with the statement "I have adequate knowledge of drug abuse intervention techniques." Thirty-one percent of the total sample, 28% of rural counselors, and 40% of urban counselors agreed with this statement. Results of a one-way analysis of variance revealed significant differences existed between rural (M=2.68) and urban (M=2.98) counselors on this item, t(340) = 6.09, $p < .05$.

Discussion

The results of this study raise points which are typical and expected, and some which might not have been anticipated. First, as might have been expected, most school counselors consider drug abuse to be a problem, regardless of the rural or urban environment. This finding supports what has been reported in the literature (Blum, Blum, & Garfield, 1976; Buckalew & Daly, 1986; Richmond & Peeples, 1984; Spoth & Rosenthal, 1980; Swisher, 1979; and Vissing, 1978). Unfortunately, even though the problem is recognized in a widespread manner, there exists some variation in how seriously counselors view the problem. Rural counselors perceived drug abuse to be less of a school problem than did their urban counterparts.

This finding is at variance with the results of past research (Kirk, 1979; Napier, Carter, & Pratt, 1981; NIDA, 1977 & 1978; Sarvela & McClendon, 1987; Swaim, Beauvais, Edwards & Oetting, 1986). Possibly there still exists an attitude that contemporary problems are most likely associated with the urban environment.

The third finding, that school counselors are in need of drug abuse prevention and intervention training, is both expected and discouraging. It is expected because graduate training programs have not routinely adopted coursework to focus on this particular problem. The finding is discouraging because a counselor - as the one professional in the school who works closely on the healthy adjustment of youth - should have obtained more experience with prevention and intervention. Quite possibly, training for school personnel has not been as readily available as need demands.

The fourth finding, that rural counselors are in greater need of intervention training than are their urban counterparts, follows logically from their reduced perception of the problem and therefore the lesser emphasis placed on this issue in their own training and school programs.

It is quite likely that training priorities differ between rural and urban counselors. Both the schools and institutions of higher education should be cognizant of such differences and adapt their programs and training accordingly. If schools are the logical place to deliver alcohol/drug prevention and intervention, then the likelihood of this occurring will be improved if counselors receive appropriate preservice training.

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